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## APPLICANTS

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*cm*

\*\* CONTINUING DATA \*\*\*\*\*

*None cm*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None cm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS <del>21</del> 19	INDEPENDENT CLAIMS <del>2</del> 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	<i>M. Mowance</i> Examiner's Signature	<i>cm</i> Initials			

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## TITLE

Accommodating intraocular lens

FILING FEE 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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